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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39099** (9)

1. Corporation Name

CORAL PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6700 NW 88TH AVENUE
N. PINE ISLAND RD
TAMARAC FL 33321**

**6700 NW 88TH AVENUE
N. PINE ISLAND RD
TAMARAC FL 33321**

3. Date Incorporated or Qualified

07/16/1990

4. FEI Number

65-0315889

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCCA, ANTHONY P
6708 N.W. 88TH AVENUE
TAMARAC FL 33321**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	KAPLAN, MYRON	
STREET ADDRESS	6712 N.W. 88TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	

1.1 TITLE	T	Vice President	☒ Change ☐ Addition
1.2 NAME		KAPLAN, MYRON	
1.3 STREET ADDRESS		6712 NW 88TH AVENUE	
1.4 CITY-ST-ZIP		TAMARAC, FL 33321	

TITLE	VP	☒ DELETE
NAME	GENTILE, SONNY	
STREET ADDRESS	6706 N.W. 88TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	

2.1 TITLE	D	Director	☐ Change ☒ Addition
2.2 NAME		FRANK ROSSELL	
2.3 STREET ADDRESS		6740 NW 88TH AVENUE	
2.4 CITY-ST-ZIP		TAMARAC, FL 33321	

TITLE	T	☐ DELETE
NAME	P	
STREET ADDRESS	LUCCA, ANTHONY P	
CITY-ST-ZIP	6708 N.W. 88TH AVENUE TAMARAC FL 33321	

3.1 TITLE	D	Secretary	☐ Change ☒ Addition
3.2 NAME		SHIRLEY A. LUKA	
3.3 STREET ADDRESS		6712 NW 88TH AVENUE	
3.4 CITY-ST-ZIP		TAMARAC, FL 33321	

TITLE	D	☐ DELETE
NAME	LUCCA, SHIRLEY A	
STREET ADDRESS	6708 N.W. 88TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	

4.1 TITLE	T	Treasurer	☒ Change ☐ Addition
4.2 NAME		LUCCA, SHIRLEY A.	
4.3 STREET ADDRESS		6708 NW 88TH AVENUE	
4.4 CITY-ST-ZIP		TAMARAC, FL 33321	

TITLE	D	☒ DELETE
NAME	GOLDSTEIN, ARLENE	
STREET ADDRESS	6798 N.W. 88TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	

5.1 TITLE	T		☐ Change ☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE			☐ Change ☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Signature] **Shirley A. Lucca (Shirley A. Lucca) 1/12/98 (954) 722-7167**

CR2E037 (10/97)